DO NOT WRITE IN THIS BOX

AMOUNT

Voucher No.

Fund-Appropriation

Village of Sackets Harbor P.O. Box 335 Sackets Harbor, NY 13685 Tax exempt ID# 15-6001374

Tel: 315-646-3548 Fax: 315-646-1201

Claimant's Name **VOUCHER**

DEPARTMENT APPROVAL

The above services or materials were rendered or fur-

nished to the municipality on the dates stated and the

charges are correct.

Date

Authorized Signature

and Address			TOTAL		
			Abstract No.	Check No.	
Date	Quantity Description of Materi	scription of Materials of Services Unit Price		Amount	
			TOTAI	_	
CLAIMANTS CERTIFICATION					
I,, certify that the above account, in the amount of \$					
	orrect; that the items, services and disburs				
the dates stated: that no part has been paid or satisfied; that taxes from which the municipality is exempt, are not included; and that the amount claimed is actually due.					
Date	Signature	e/Title			

APPROVAL OF PAYMENT

Date

This claim is approved and ordered paid for the

appropriations indicated above.

Authorized Signature